

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X000

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Establishment Name Schrans Hame Service (freek # 515125) Establishment Address (number and street, city, state, zip code) 4115 Capifal D. New Albay, IN 4715D Owner Schrans Hame Service 1866 Owner's Address Person in Charge Grea Lefzeisen Responsible Person's E-mail Certified Food Manager | | | | | | | | | Telephone Number 2:2, 945 2126 507 537 8848 Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow- | Date of Inspection (mm/dd/yr) 7/16/2019 PERMIT # 19 - 27 Follow-up Release Date 10 day 5 Summary of Violations: C | | |
|--|-----------|---|-------------|-----|-----|--|----------|----|--|-----------------------|---|--------------|--|
| | N(S) REPE | | | | | | | | MARKED "C" MMARY OF VIOLATIONS | ' AND IN THE | NARRATIVE | BELOW AS "R" | |
| Section# | C/NC | R | | | | | Narrativ | ve | | | To Be Co | orrected By | |
| | | | No | | | | | | | : ' | | | |
| Received by Received by | `es 01 | _ | - | ise | | | | | | e printed); Ingran | (EHS) | | |
| cc: | | | <u>></u> | | cc: | | | | Inspected by (signature): | cc: | | | |